

# CHESTERFIELD COMMUNITY SERVICES BOARD

*Chesterfield County's Department  
of Mental Health Support Services*



## *FY14 Performance Analysis Report*

*Promoting a value-driven  
system of care*





**F. Gibbons "Gib" Sloan, III**  
Chair

## Message from the Board Chair and Executive Director



**Debbie Burcham**  
Executive Director

The Chesterfield Community Services Board (CCSB) is pleased to present the Annual Report for FY14. It reflects last year's activities to improve the quality of care for those with mental health and substance use disorders and/or with intellectual disabilities.

Major policy shifts that promise to improve care for those we serve create new challenges for the CCSB as it integrates these changes into administrative and clinical practices. By initiating major projects and establishing creative partnerships, the CCSB has risen to meet the challenges presented by the implementation of the *Affordable Care Act*, new programs and benefits through the Virginia Department of Medical Assistance Services (DMAS), and new laws passed by the General Assembly to improve access to hospital admission for those experiencing a mental health crisis. The following are examples of the CCSBs effective, innovative approaches:

### **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IDD)**

Galloway Place, a 12-bed ICF-IDD, opened in August 2014. The private rooms, warm indoor spaces and beautifully designed gardens provide a home-like setting that is fully handicapped-accessible and enables residents to age in place. Funding for construction was approved by the Chesterfield County Board of Supervisors. Staffing-support for Galloway Place is provided through a public-private partnership with Community Alternatives of Virginia.

### **Medicaid Managed Care**

Two new programs have major implications for clinical and administrative processes: *Magellan* manages behavioral-health care for those covered by Medicaid and *Commonwealth Coordinated Care Project (CCCP)* affects individuals who qualify for both Medicare and Medicaid. Case managers have received training and are working more closely with care managers of these new health plans to better coordinate medical and behavioral-health-care services.

### **Access Redesign**

Timely access to MHSS programs is as important as the treatment received. To access MHSS clinical programs, it currently takes 15-45 days — or more. To improve access, the CCSB is implementing MTM services' Access Redesign model with the company's assistance. Together, staff members are significantly changing the way MHSS does business by implementing same-day access, collaborative documentation and centralized scheduling.

### **Trauma Informed Care (TIC)**

It is essential to recognize the effects of trauma on individuals and to interact with them appropriately. From the manner in which staff greets individuals seeking MHSS services to the way they provide treatment, Trauma Informed Care guides all interactions. The CCSB not only trains all MHSS staff in TIC, but also trains staff at Chesterfield County Public Schools, Chesterfield County Juvenile Detention Home, Chesterfield-Colonial Heights Social Services Department and the Chesterfield Health Department.

### **Applied Suicide Intervention Training (ASIST) and Mental Health First Aid (MHFA)**

Prevention Services provided several classes last year to help the community to respond better to mental health issues and to understand suicide-prevention practices, including ASIST and MHFA. *ASIST*, a two-day intensive course, helps caregivers recognize risk for suicide, and learn how to intervene to prevent immediate harm and to link those at risk to the next level of care. *Mental Health First Aid* teaches adults and youths aged 16 or older how to help someone experiencing a mental health crisis or problem such as anxiety, depression, psychosis or addictions.

### **Crisis Intervention Training (CIT)**

CIT training helps First Responders when encountering a citizen in a mental health crisis. Four classes have been offered since November 2013, with 102 Chesterfield County employees participating from multiple county departments, including MHSS, Police, Fire and EMS, and the Sheriff's and Magistrate's Offices.

### **Board Members**

**Linda C. Baxter**  
**Vincent Burgess**  
**Paige Cecil**  
**Tyler Craddock**

**Michael Giancaspro**  
**Michelle Jones**  
**Patrick Knightly**  
**Lawrence Olszewski**

**Nicholas Pappas**  
**Harvey Powers**  
**Nancy Ross**  
**Ricky Russell**

**Janet Stephens**  
**Joseph Wharff**

# Chesterfield Community Services Board

## ***Mission:***

To promote an improved quality of life for Chesterfield citizens through exceptional and comprehensive mental health, intellectual disability, substance abuse, prevention and early intervention services.

## ***Vision:***

To be widely known as a highly effective and caring organization.

## ***Values:***

- Excellent customer service
- Community integration
- Self-determination
- Accessible services
- Integrity
- Prevention
- Responsive to community needs

Chesterfield Community Services Board (CSB) is one of forty Boards in Virginia that offer a comprehensive array of services in mental health, intellectual disabilities, substance abuse, prevention and early intervention services. The CSB is the governing board for Chesterfield County's Department of Mental Health Support Services and is dedicated to meeting the needs of the residents of Chesterfield County.

## Our Services

### ***SERVICES FOR CHILDREN AND FAMILIES***

Infant and Toddler Services  
Child and Adolescent Services  
Medical Services

Families First  
Prevention Services

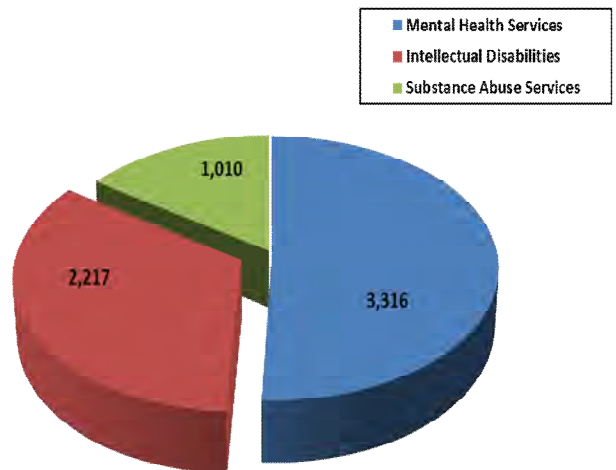
### ***SERVICES FOR ADULTS***

Psychiatric Rehabilitative Services  
Adult and Emergency Services  
Intensive Community Treatment  
Chester House  
Chesterfield Employment Services  
Residential Services

Substance Abuse Services  
Supported Living Services  
Case Management  
Service Coordination  
Day Program  
Medical Services

## Our Customers

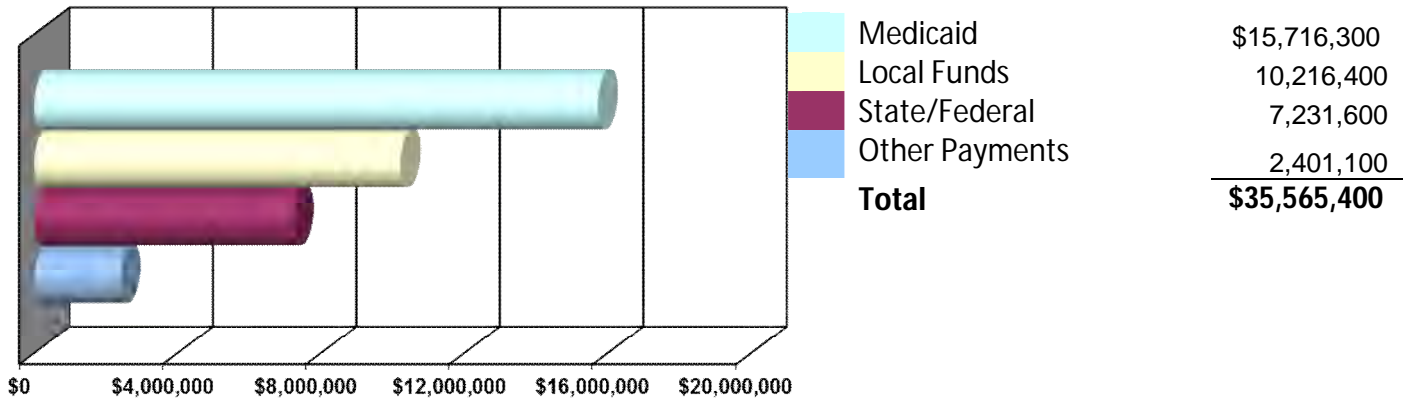
Mental Health Services	3,316
Intellectual Disabilities	2,217
Substance Abuse Services	1,010
Prevention Services	6,264



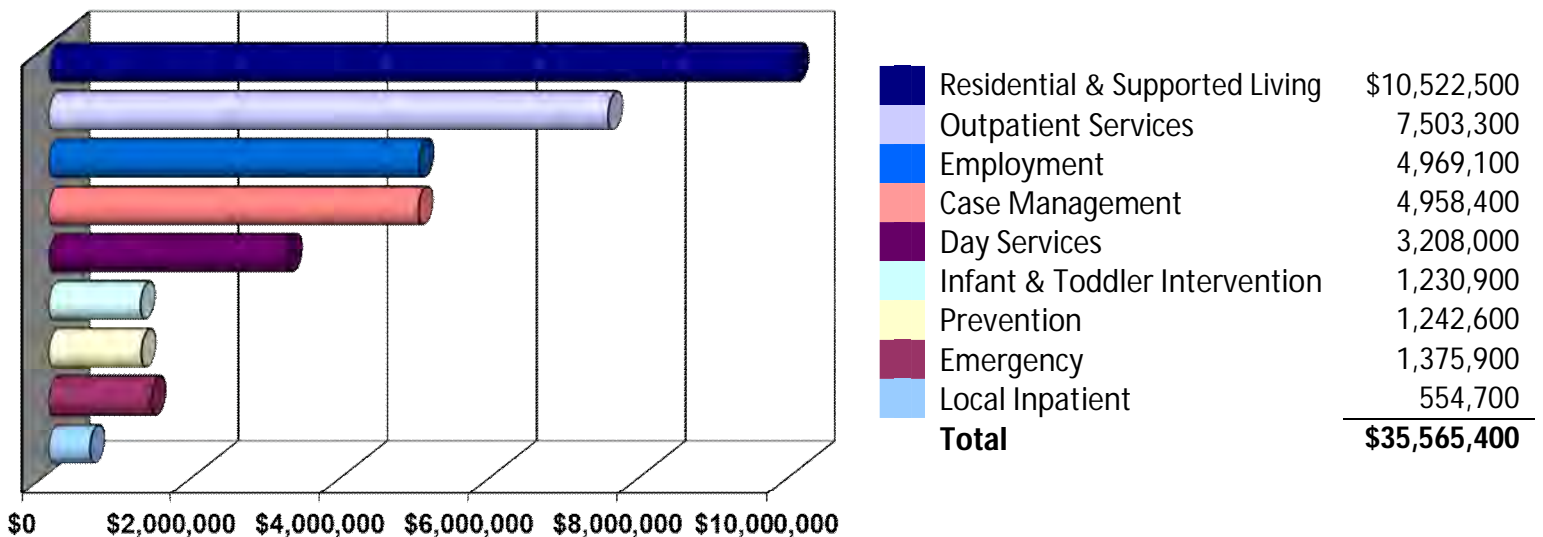
**NOTE:** 6,543 residents were served. More than 9,758 services were provided.

# Revenue and Expenditures For Fiscal Year 2014

## Revenue



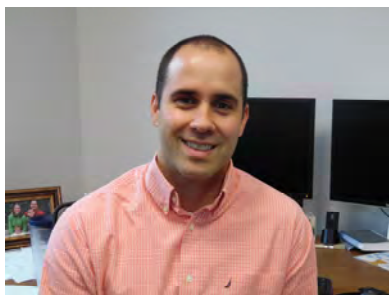
## Expenditures By Category



# ***Our Goals and Accomplishments***

## **Goal #1: A Competent, Diverse Work Force**

### **Mental Health Support Services Employee of the Year Chris Rapp, Manager, Management of Information Systems (MIS)**



Chris Rapp was named Employee of the Year for the Chesterfield County Department of Mental Health Support Services for his stellar performance, technical expertise, exemplary leadership skills and keen sense of humor.

While maintaining his responsibilities as MIS manager, Chris assumed responsibility for essential functions when the agency experienced two vacancies. This involved understanding AR workflows, developing required reports, reprogramming the billing system, leading subgroup meetings, and implementing system enhancements.

He not only learned the billing and accounting functions, but also stayed abreast of clinical service delivery best practices. He is the agency's leading expert in CCS-3 State reporting requirements. As a result of his efforts, the agency's billing functions became more routine, increasing collections.

Chris represents our agency professionally on many internal and external committees and teams.

He also is a strong advocate for leading and implementing changes necessary to equip the agency with the tools necessary to meet demands.

Chris' well-honed leadership skills on many varied projects have positively impacted the department in multiple ways and have earned him the respect of his peers

- ❖ The department turnover rate was 18.75% an increase from FY13.
- ❖ The Diversity Advisory Group sponsored several events for staff including a presentation on multigenerational differences, a Black History Month presentation and a multi-cultural food fest.
- ❖ As a means to improve communications within the department, "The Insider", the quarterly employee newsletter debuted in September.
- ❖ Employees had the opportunity to participate in a very special winter holiday celebration and \$900 was collected from staff as a contribution to FeedMore.
- ❖ In FY14, there were 157 Spanish speaking consumers seeking services which was a 35% increase from FY13.
- ❖ A Senior Clinician career ladder plan was developed and approved for employee professional development.

## Goal #2: Most Efficient Delivery System for the Investment

### **Collaborative Documentation**

Timely access is as important as the treatment itself. Tailoring treatment to consumers' personal goals has emerged as a recovery-oriented approach. Engaged consumers are more likely to adhere to their treatment plans and achieve better outcomes. Therefore, MHSS has contracted with MTM consultants to help redesign access and service delivery. One component of this redesign is implementation of Collaborative Documentation whereby at the end of each visit, the consumer is involved in documentation of the focus and outcome that encounter, and the plan for the subsequent visit. Clinical Programs began practicing this approach in October, 2014. Here is a sample of two of the staff responses to this new way of doing documentation:

*"Collaborative documentation has made managing group notes easier. Instead of trying to remember each member's contribution after the group ends, they get to do the work for me by directly sharing their experience. I feel it has helped clients, in both individual and group sessions, to better reflect on their services by being asked to share what they feel they are gaining from each session and to evaluate their progress towards their goals." (Kristen Van De Riet)*

*"Collaborative Documentation has become a tool that has benefited both the client, and me, as a professional. Collaborative Documentation helps to engage the client in the therapeutic relationship. I have noticed that as clients articulate their experience at the end of a session, they are able to acknowledge areas of growth while highlighting successes in their treatment. As far as my professionalism is concerned, I have seen a marked improvement in my time management. Walking out of a session or a group with no notes to write is a great feeling!" (Will Nicoll)*



- ❖ Clinical staff, Accounts Receivable, Administration and MIS staff worked collaboratively to prepare and develop processes, workflows, and system changes to implement requirements for the Medicaid Managed Care programs, the Commonwealth Coordinated Care Program, and Enhanced Care Coordination.
- ❖ A documentation work group created 3 training modules for new and existing staff. Power point presentations on Integrated summaries, Discharge planning and Progress Notes are available to all clinical staff.
- ❖ Participants in the Commonwealth Coordinated Care Program have the potential to receive Enhanced Care Coordination, a new service for individuals with chronic health conditions that are not treated adequately or controlled.
- ❖ An Accounts Receivable committee, along with MIS, created a "dashboard" in which clinicians can monitor the status of their consumers' payment history.

## **Goal #3: Satisfied Consumers and Family Members Who are Valued Partners**

### **Galloway Place: Intermediate Care Facility**

In 2005, the Chesterfield Community Services Board identified a need for an Intermediate Care Facility to assist individuals with intellectual disabilities who also have medical needs. These individuals require more assistance than can be provided at home. Studies have shown that those with cognitive challenges do better in an Intermediate Care Facility (ICF-IDD), than in a nursing home. An ICF-IDD provides nursing care 24 hours a day, seven days a week, yet enables residents to live in a more home-like setting

Galloway Place, a 9,250 square feet ICF-IDD, opened in August 2014. Designed for 12 individuals, the home offers private bedrooms and bathing rooms for each resident; semi-private family and activity rooms; and communal gathering areas, including kitchen, dining and living areas.

Outside spaces are equally well appointed, encouraging residents, their families and friends to explore the outdoors. The landscaping includes sensory gardens that appeal to residents' senses of color, sound, smell and touch.

Community Alternatives Of Virginia/ResCare partners with the Chesterfield CSB to provide staffing for the facility.



❖ Customer Service Committee now provides our consumers with a summary of the customer feedback we receive from them through a colorful display board in our lobby.

❖ Customer Service Committee, along with the MIS department, created a simpler way for the customer feedback callers to receive the names of individuals recently discharged from services. This has increased the number of call recipients significantly.

❖ For the first time, we now have two of our bilingual staff, in addition to their regular duties, provide outreach to our Latino consumers for their feedback on the services we provide.

❖ Consumer satisfaction survey shows MHSS met its goal of 90% satisfaction with services provided.

## Goal #4: Best Possible Consumer Outcomes

### *Nick's Story*



*I had lived with anxiety and depression from childhood so disabling that I was only able to function in a sheltered environment. The only job I had ever held was working for my mother in the family business. I could not drive a car. I had never experienced a romantic relationship or been on a date or done the things I assumed that everyone else had done. And now my mother had passed away and my family had told me that I was on my own. I was so ashamed that I was a grown man, about to turn fifty years of age, who could not even begin to take care of himself. I felt as if my life was over.*

*It was in this context that I first came to Chesterfield Mental Health. My family doctor had referred me to a psychiatrist saying that he could no longer help me given the severity of my depression. When I saw the psychiatrist he referred me to the County saying that I lacked the means to afford him and he lacked the resources to help me. Coming to Chesterfield Mental Health meant receiving the help I so desperately needed. I was able to see a therapist on a weekly basis and discuss issues I had spent a lifetime avoiding. My therapist also served as an advocate and soon I had a Case Manager, a Supported Living Counselor and a psychiatrist all working together to provide me with a safety net of support and ultimately the tools to take care of myself.*

*Critical to my recovery, my therapist also referred me to a peer run organization in the area. I learned that recovery was possible and that there were others like me. I began to do things that I never thought would have been possible, such as making friends, volunteering to lead recovery oriented groups and playing a leadership role in the organization. I am grateful to my therapist and the other dedicated professionals who work for the County, who made me aware of resources I never knew existed and encouraged me to challenge myself in ways I never thought were possible.*

*What a difference the last three years have made in my life. Three years ago I believed my future was to commit suicide or end up in an institution. I did not believe that I was capable of anything beyond failure. Today, I serve on the Chesterfield Community Services Board trying to give voice to the concerns of my peers who deal with mental health challenges. I no longer live in shame and have on my own initiative started a weekly support and discussion group offering myself and my peers a community where we can serve one another.*

*At one time, I believed my life had no purpose, and today I have found purpose in using my experiences to support others like me.*

- ❖ CAST staff received specialized training in the Trauma-Focused Cognitive Behavioral Treatment approach (TF-CBT).
- ❖ In an effort to integrate primary and behavioral health, all consumers receiving a new psychiatric evaluation undergo measurement of vital signs (Blood Pressure, Pulse, Weight and Height Measurements).
- ❖ Prevention received a NaCo award for implementation of the Teen Ambassadors cross age mentoring program.
- ❖ Substance Abuse services conducts a Wellness group which emphasizes good self-care, including nutrition, exercise, walking and yoga.
- ❖ The Annual Art Show displayed 40 pieces of art submitted by over 20 artists. New this year were 8 entries from the Community Support Services program. Clients with intellectual and physical impairments created beautiful pieces of art under the direction of Julie Noyes. Peer Specialist Carla Beck led Chester house members in creating a colorful peacock, recovery sculpture, and our Health and Art Banner. New this year was the partnership with the Active Living Committee. Along with the display of art, the entire day was focused on health & wellness with a drum circle, line dancing and live art. Organic art was created to reflect the theme of health and wellness.

## **Goal #5: Strong Community and Stakeholder Support**

### **Crisis Triage Center**

A multijurisdictional **Crisis Triage Center** at HCA Virginia's Tucker Pavilion at Chippenham Hospital opened on Oct. 1, 2013, with a 281K grant from DBHDS. The assessment center serves the City of Richmond and Chesterfield County in partnership with the hospital. Since opening, 225 people have been evaluated at the CTC.

The program saves at least 3.5 hours per officer for each person brought in on an Emergency Custody Order by providing integrated care, with medical clearance and mental health evaluations occurring simultaneously in a safe environment with police present.

### **Crisis Intervention Teams**

To better equip law enforcement to respond appropriately to individuals who are mentally ill and/or experiencing a crisis, Crisis Intervention Team training classes for Chesterfield County Police officers began in November 2013. More than 75 police officers have completed the 40-hour CIT training class.

In September 2014, 12 new Chesterfield County CIT instructors completed a 40-hour instructor-training class, which enables program expansion.

- ❖ Families First partnered with the Ettrick Neighborhood and Business Foundation, Chesterfield Libraries, and several area churches, to hold a diaper drive which resulted in 8000 diapers being collected for families.
- ❖ Families First partnered with the Health Department to provide participant families the opportunity to receive free flu and whooping cough vaccines.
- ❖ Southside Nazarene church has partnered with Service Coordination to host the Buddy Break free respite program for the last 5 ½ years, serving an average of 35-40 children per month. Buddy Break is held the 3<sup>rd</sup> Saturday of each month from 10:00 a.m. – 1:00 p.m. and is a safe place for families to drop off their child with special needs and siblings. The children are paired 1:1 with volunteers for this 3 hour period to participate in fun activities, games, music, crafts and more.
- ❖ United Athletics paired helper athletes and individuals who require some type of physical assistance to aid them in participating in a variety of multi-sport events such as swimming, biking, running, and triathlon races.

## **Goal #6: Corporate Compliance and Risk Reduction**

### **Applied Suicide Intervention Skills Training and Mental Health First Aid**



**Applied Suicide Intervention Skills Training** is a two-day intensive, interactive and practice-dominated course designed to help individuals recognize risk for suicide, intervene to prevent immediate harm, and link those at risk to the next level of care. We have taught 26 participants this fiscal year-to-date, and 118 since ASIST began in 2012.

**Mental Health First Aid** teaches a five-step action plan to offer initial help to people with the signs and symptoms of a mental illness or a crisis, and to connect them with the appropriate professional, peer, social, or self-help care. Since May, we have trained 116 participants in Adult MHFA and 84 in Youth MHFA.

ASIST and MHFA are both open to county employees and county residents. Participants have included members of the faith community and the general public, as well as employees from the Chesterfield Health Department and the following county departments: Mental Health Support Services, Juvenile Detention Home, Libraries and Police.

Participants frequently contact us to tell us how quickly they applied the skills from these classes.

- ❖ MHSS had no formal customer complaints this past year.
- ❖ MHSS, County Risk Management and Employee Medical Center met to discuss ways to increase staff coming back to work on light duty. This has resulted in a significant decrease in lost work days.
- ❖ All of the consumer funds were audited with no recommendations.
- ❖ MHSS rate of compliance with HIPAA audits was 96%
- ❖ MHSS vehicles traveled 2.8 million miles and had vehicle accidents of less than 1% for every 100,000 miles driven.
- ❖ 99% of staff completed the required risk training classes.

## *Strategies For The Future*

- ❖ Develop creative ways to recruit staff that are multi-cultural/bilingual
- ❖ Promote the use of non-management career ladder tracks to provide life-long learning and opportunities for advancement.
- ❖ Re-evaluate the recognition program to find creative ways for employee recognition.
- ❖ Review benefits and salaries for positions with high turnover and low employee satisfaction.
- ❖ Re-engineer the access system through workflow redesign to increase efficiency and access to services, and to improve consumer care.
- ❖ Evaluate and ensure that all revenue sources are being maximized.
- ❖ Identify and analyze service unit cost to better understand costs of care and ensure resources are being used efficiently.
- ❖ Continue to use and enhance the Electronic Health Information system through implementing new functionality and system upgrades.
- ❖ Explore models of integrated care to ensure optimal physical and behavioral wellness.
- ❖ Educate staff and operationalize trauma informed care initiatives and person centered planning.
- ❖ Develop and implement best practices that address the Department of Justice Settlement agreement requirements.
- ❖ Through the use of the Electronic Health Record, demonstrate the exchange of health information electronically and use of outcome measures to improve the quality of health care.
- ❖ Develop strategic partnerships to address housing needs for consumers with mental illness and women with substance use disorders.
- ❖ Provide informational sessions to Chesterfield County organizations about the consumers served and services provided by the Chesterfield CSB.